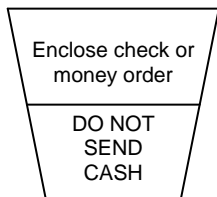


Checklist

Before you mail this application, be certain that you have completed the following:

- _____ I have enclosed official transcripts showing the awarding of both my bachelor's degree and master's degree. If my transcripts are being sent separately, I have included a note to that effect.
- _____ I have had section II signed by the recommending official at the institution at which I completed my program.
- _____ I have been fingerprinted and am sending along (or have already sent) the fingerprint card and waiver form that I received from the Iowa Board of Educational Examiners. (If you need a card, go to www.boee.iowa.gov or call (515)281-3245 to leave your name and address to request a fingerprint packet.
- _____ I have completed and signed the section titled "Background Information."
- _____ If I answered "Yes" to any question under "Background Information," I have attached a written explanation on 8 1/2 x 11" paper.
- _____ I have enclosed \$85 licensure fee.
- _____ I have enclosed \$65 to cover the cost of my background check. (You may send a single check or money order for \$150).
- _____ I am mailing the entire packet to:

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 E. 14th St.
Des Moines, Iowa 50319-0147



APPLICATION FOR AN INITIAL PROFESSIONAL SERVICE LICENSE (Iowa Institution)

(Guidance Counselor, School Psychologist, School Social Worker,
Speech-Language Pathologist, School Audiologist and other Education
Support Programs without the Professional Education Core)

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 E. 14th St.
Des Moines, Iowa 50319-0147

Revised 04/11

INSTRUCTIONS:

1. Complete Section I.
 2. Enclose a \$85.00 nonrefundable check or money order made payable to the Board of Educational Examiners.
 3. Attach official college/university transcripts of credit for the baccalaureate and master's degree programs.
 4. Complete Section II.
 5. Complete fingerprint packet information. Enclose the \$65 fee.
 6. Send all materials to the address that appears in the upper right hand corner of this page.
 7. Please allow four weeks for processing.
- Name changes require a photocopy of official legal documentation. **ALL FEES ARE NONREFUNDABLE. Incomplete application will be void after 45 days**

Section I: To be Completed by the Applicant:

Applicant's Folder # (To Be Assigned by BoEE Office)	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone ()	Daytime Phone ()	Email Address	

Background Information:

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
- b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations?
(NOTE: Include all deferred judgments)
- c. Yes ☐ No ☐ Do you currently have any criminal charges pending against you?
- d. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of abuse made against you?
- e. Yes ☐ No ☐ PR ☐ Have you ever had an educational license denied, revoked, or suspended?

Statement of Fraud: Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

I hereby give permission for the Board of Educational Examiners to conduct both an Iowa criminal history record check with the Division of Criminal Investigation and a national check through the Federal Bureau of Investigation. Any information maintained by the DCI or the FBI may be released as allowed by law.

Signature of Applicant

Date

Section I: To be Completed by the Preparation Institution:

We verify that the applicant has completed our master's degree or greater in _____, and the program included at least 20 credit hours of Education courses including a graded experience in a school setting.

COLLEGE
SEAL

Signature of Recommending Official

Name of Institution

Typed Signature of Recommending Official and Phone Number